									Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECOR Effective December 29, 1999									1 90	220	3 561	· •		
CLAIMS AS FILED - PART 1 - (Column 1) (Column 2)									ENTTTY	OA	OTHER SMALL	THAN		
FOR NUMBER FILED NUMBER EXTRA						RA	TE	FEE	1	RATE	FEE			
BASIC FEE			•	·,					345.00	OR		690.00		
TOTAL CLAIMS			23 ,	· minus 20)= • }	٠ ٢		9 =		OR	X\$18=	54		
INDEPENDENT CLAIMS			5	minus 3	· >	· 9		9=	·	OR	X78=	156		
MULTIPLE DEPENDENT CLAIM PRESENT							+12				+260⇒			
* If the difference in column 1 is less than zero, enter "O" in column 2								ÁĽ		OF	TOTAL	२ ५४		
								AL	<u> </u>	OH.	1	124V.		
CLAIMS AS AMENDED - PART II (Column 3)								W.	ENTITY	OR	OTHER SMALL	ENTITY		
ent a		REW	UMB UNING TER DMENT		NUMBER NUMBER PREVIOUSLY PAID FOR	'PRESENT' EXTRA	RA	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
MENDMENT	Total	1	5·	Minus	·23	- /	X\$	8-	·	OR	X\$18-	-		
AME	Independent	5		Minus	<u>5</u>	-/-	ХЗ	g		OR	X78=			
	HHST PHESE	NIATIO	N OF MI	ATIPLE DEP	ENDENT CLAIM	. 3	+13	O-		OR	+260=			
	• •	,			•	•		OTAL		OR	TOTAL			
1	0-18-04	(Cob	mn i)		(Column 2)	(Cotumn 3)	ADDIT	PEE		.	ADDIT. FEE	:		
WENT B		REM.	NIMS NIMING TER DMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI: TIONAL FEE:		
3	Total	• /٤	7	Minus	-23	- /)	X\$	9-		OR	X\$18=	1		
¥	independent	5	- -	Missus 0.700 E OEB	BNDENT CLAIM	.0	ХЗ	9=		OR	X78-	V.		
	rangi Priese	HIMIC	·	J. LIFLE DEF	ENDER! COMM		+13	0=		OR	+260=			
ے ا			•		:		ADDIT	OTAL CEE		OR	TOXU			
W	II.C	(Cok	2001 ()		(Column 2)	(Column 3)		,,,,	-			٠,٠٠٠		
ent c		REM	AIMS AIMING TER IDMENT		MIMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL _FEE		
AMENOMENT	Total	·. L	J	Minus	-03	7	XS	9 - ·		OR	X\$18=			
	Independent	10	NOC 1	Minus	PART CLAIM		хэ	9=		OR	X78=			
H	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+260=			
-	"If the entry in column 1 is less than the entry in column 2, write "I" in column 3. "If the "Highest Number Previously Paid For INT 185 SPACE is less than 20, enter "20."									OR	TOTAL ADDIT FEE			
-	'If the Tilchest Sh	umber Pro	poloculy Pa doubly Pa	ald For IN I III Id For (Total or	S SPACE IN test the	ED 3, enter 3.	ADDIT		propriate be	m pr 00	Aumo I.			
The "Righted Number Prestrictly Paid For" (Total or independent) is the highest number found in the appropriate box in column 1. Paint and Todamert Office, U.S. OSPANTASDIT OF COMMERCE.														

Best Available Copy